

## Greenfield Public Schools Individualized Learning Plan EL Individual Learning Plan school year 20 -20

**Elementary/ Middle/ High School** Please circle and specify: \_\_\_\_\_

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ SASID: \_\_\_\_\_ Grade: \_\_\_\_\_  
Country of Origin: \_\_\_\_\_ Language(s): oral: \_\_\_\_\_ written: \_\_\_\_\_

<b>Type of ELD program:</b> ___ periods of ESL <sup>1</sup> <input type="checkbox"/> ESL class <input type="checkbox"/> pull-out <input type="checkbox"/> push-in <input type="checkbox"/> TBE <input type="checkbox"/> Two-Way Bilingual <input type="checkbox"/> Newcomer <input type="checkbox"/> SLIFE <input type="checkbox"/> Other _____	<input type="checkbox"/> SEI <sup>2</sup> Content areas: _____ _____ _____	<b>Type of support:</b> <input type="checkbox"/> para in-class support <input type="checkbox"/> Title I <input type="checkbox"/> Literacy Support <input type="checkbox"/> Tutoring <input type="checkbox"/> Title III <input type="checkbox"/> Other _____ <input type="checkbox"/> Math
--	---	---

Language Accommodations (MCAS/PARCC): \_\_\_\_\_ IEP Goals: \_\_\_\_\_

IEP Accommodations: \_\_\_\_\_

Educator overseeing plan: \_\_\_\_\_

ILP Team Members: \_\_\_\_\_

<i>ELPA*</i> : Date:	Score	Designation
Speaking		
Reading		
Writing		
Listening		
Composite		

ACCESS	Year	Score	Level
Reading			
Writing			
Listening			
Speaking			
Composite			

ACCESS	Year	Score	Level
Reading			
Writing			
Listening			
Speaking			
Composite			

ACCESS	Year	Score	Level
Reading			
Writing			
Listening			
Speaking			
Composite			

*\*English Language Proficiency Assessment used to determine eligibility for ESL services – W-APT/MODEL.*

ACCESS	Year	Score	Level
Language of Math			
Language of Science			
Language of Soc. Studies			
Language of ELA			

ACCESS	Year	Score	Level
Language of Math			
Language of Science			
Language of Soc. Studies			
Language of ELA			

ACCESS	Year	Score	Level
Language of Math			
Language of Science			
Language of Soc. Studies			
Language of ELA			

<sup>1</sup> ESL, ESL class, Newcomer classes, SLIFE classes, and TBE may only be taught by an appropriately licensed instructor.

<sup>2</sup> Beginning in school year 2016-17 no core academic teacher can be assigned to provide SCI to an EL unless the teacher holds the SEI Teacher Endorsement or will obtain it within one year. The district must make every reasonable effort to avoid assigning an EL to more than one non-endorsed core academic teacher during the ELs' enrollment in the district.

Appendix M: Individual Learning Plan

Academic Year				
Test	Score	Level	Designation	Date
MCAS Math				
MCAS ELA				
MCAS Science				
ELA				
Math				
Science				
Social Studies				

Test	Score	Level	Designation	Date
MCAS Math				
MCAS ELA				
MCAS Science				
ELA				
Math				
Science				
Social Studies				

Test	Score	Level	Designation	Date
MCAS Math				
MCAS ELA				
MCAS Science				
ELA				
Math				
Science				
Social Studies				

**Notes:** *What do we need to know about this student? What are her/his funds of knowledge, What are current learning goals, How is s/he adjusting to school, what interests or motivates him/her, what is her/his family situation, etc.?*

Appendix M: Individual Learning Plan

<b>School Interventions:</b> Interventions for ELs include tiered systems of support - small group instruction, literacy instruction, etc. ESL is <i>not</i> an intervention.					
Subject	Specific Goals	Intervention/Strategies	Intervention Monitoring Date	Monitoring Status	
				Sufficient Progress	Comments
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

<b>Intervention Status</b>	<input type="checkbox"/> <b>Student is not progressing in a timely manner.</b> Intervention/strategies to be revised: _____ <b>Date:</b> _____ <input type="checkbox"/> <b>Student is making some progress</b> with _____ intervention/strategies. Continue with plan. <b>Date:</b> _____ <input type="checkbox"/> <b>Student has mastered and completed interventions.</b> Student will no longer receive interventions/strategies. <b>Date:</b> _____
----------------------------	--

**Parent Strategies:** *(Steps/strategies that the student's parents or guardians may take to help the student improve his/her skills)*

  
  
  
  
  
  
  
  
  
  

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Parent Information</b>	Parent has been informed of the content of the Individual Learning Plan after each monitoring update visit in a language they can understand via: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Conference <b>Date:</b> _____
---------------------------	---

Appendix M: Individual Learning Plan

E-mail    Mail    Conference   **Date:** \_\_\_\_\_

E-mail    Mail    Conference   **Date:** \_\_\_\_\_

**Outcomes:** *What goals/standards, etc. will the student work on? What do we want the student to accomplish? Based on the student's scores on eligibility assessment, what standards/linguistic skills does the student need to focus on? Based on other assessments, what standards/content area knowledge or skills does the student need to achieve in order to master what is measured on those assessments?*

**End of year notes:** *Indicate progress student has made, personal accomplishments, new information from beginning of the year, other skills student has mastered, etc. What can this student be congratulated on and what can they be provided supports with as they transition to the next year?*

Appendix M: Individual Learning Plan